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22154 U.S.PTO
10/688956

102103

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS		Attorney Docket No. _____	
See MPEP chapter 600 concerning utility patent application contents.		First Inventor _____	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)		Title _____	
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Express Mail Label No. _____	
3. <input checked="" type="checkbox"/> Specification [Total Pages <input type="text" value="1"/>] (preferred arrangement set forth below) <ul style="list-style-type: none"> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <input type="text" value="1"/>]		8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies 	
5. Oath or Declaration [Total Pages <input type="text" value="1"/>] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for continuation/divisional with Box 17 completed) <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 		9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) <input type="checkbox"/> Attorney	
17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)		11. <input type="checkbox"/> English Translation Document (if applicable)	
Prior application information: Examiner _____		12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.		13. <input type="checkbox"/> Preliminary Amendment	
18. CORRESPONDENCE ADDRESS		14. <input type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
<input type="checkbox"/> Customer Number or Bar Code Label		15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
		16. <input type="checkbox"/> Other:	
(Insert Customer No. or Attach bar code label here)		or <input checked="" type="checkbox"/> Correspondence address below	
Name LESLIE ROBERTSON MUNROE		_____	
Address P.O. BOX 8D1		_____	
City BLANDFORD		State MA	
Country USA		Zip Code 01008	
Telephone (413) 848-0940		Fax 	
Name (Print/Type) LESLIE ROBERTSON MUNROE		Registration No. (Attorney/Agent) _____	
Signature Leslie Robertson Munroe		Date 10/14/2003	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Two (2) copies of the following items are enclosed:
Listed Item(s) _____ data sheet

102103
18351
U.S.PTO

PTO/SB/17 (08-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$)

Complete if Known

Application Number	
Filing Date	
First Named Inventor	
Examiner Name	
Group Art Unit	
Attorney Docket No.	

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number

Deposit Account Name

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed:

Check Credit card Money Order Other

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105	130	205 65 Surcharge - late filing fee or oath	<input type="text"/>
127	50	227 25 Surcharge - late provisional filing fee or cover sheet	<input type="text"/>
139	130	139 130 Non-English specification	<input type="text"/>
147	2,520	147 2,520 For filing a request for <i>ex parte</i> reexamination	<input type="text"/>
112	920*	112 920* Requesting publication of SIR prior to Examiner action	<input type="text"/>
113	1,840*	113 1,840* Requesting publication of SIR after Examiner action	<input type="text"/>
115	110	215 55 Extension for reply within first month	<input type="text"/>
116	380	216 190 Extension for reply within second month	<input type="text"/>
117	670	217 435 Extension for reply within third month	<input type="text"/>
118	1,360	218 680 Extension for reply within fourth month	<input type="text"/>
128	1,850	228 925 Extension for reply within fifth month	<input type="text"/>
119	300	219 150 Notice of Appeal	<input type="text"/>
120	300	220 150 Filing a brief in support of an appeal	<input type="text"/>
121	260	221 130 Request for oral hearing	<input type="text"/>
138	1,510	138 1,510 Petition to institute a public use proceeding	<input type="text"/>
140	110	240 55 Petition to revive - unavoidable	<input type="text"/>
141	1,210	241 605 Petition to revive - unintentional	<input type="text"/>
142	1,210	242 605 Utility issue fee (or reissue)	<input type="text"/>
143	430	243 215 Design issue fee	<input type="text"/>
144	580	244 290 Plant issue fee	<input type="text"/>
122	130	122 130 Petitions to the Commissioner	<input type="text"/>
123	50	123 50 Petitions related to provisional applications	<input type="text"/>
126	240	126 240 Submission of Information Disclosure Stmt	<input type="text"/>
581	40	581 40 Recording each patent assignment per property (times number of properties)	<input type="text"/>
146	690	246 345 Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="text"/>
149	690	249 345 For each additional invention to be examined (37 CFR § 1.129(b))	<input type="text"/>
179	690	279 345 Request for Continued Examination (RCE)	<input type="text"/>
169	900	169 900 Request for expedited examination of a design application	<input type="text"/>

Other fee (specify) _____

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	LESLIE ROBERTSON MUNROE	Registration No. (Attorney/Agent)	Telephone	(413) 848-0940
Signature	<i>Leslie Robertson Munroe</i>			Date 10/14/2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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